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IMPORTANT FAX DOCUMENT

DATE October 10, 2006
NAME United States Patent and Trademark Office
COMPANY
FAX NUMBER (571) 273-2885

FROM Michael J. Tempel *MT*
REFERENCE NO. 10/724,116
OUR FAX NUMBER 770-804-0900
NUMBER OF PAGES 13

Issue Fee Payment (PTO-2038), PTOL-85, Amendment Transmittal and
Amendment After Allowance in Application No. 10/724,116
(Method And Apparatus For Multiple Phase Splitting For Dual Band IQ
Subharmonic Mixer Drive Chains)

Filed: December 1, 2003
Examiner: Bayard, Emmanuel
Art Unit: 2611
Conf. No. 9927
Docket No. 99RSS199 (19308.0085U1)

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ATTORNEY DOCKET NO. 19308.0085U1
 APPLICATION NO. 10/724,116
 99RSS199
 Page 1 of 2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Rahul Magoon et al.

Art Unit: 2611

Application No.: 10/724,116

Examiner: Bayard, Emmanuel

Filing Date: December 1, 2003

Confirmation No.: 9927

For: **METHOD AND APPARATUS FOR MULTIPLE PHASE SPLITTING FOR DUAL BAND IQ
 SUBHARMONIC MIXER DRIVE CHAINS**

TRANSMITTAL LETTER

Mail Stop: ISSUE FEE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Smith Frohwein Tempel Greenlee Blaha LLC
 Customer Number 35856

Sir:

Transmitted herewith is/are the following in the above-identified application:

- | | | | |
|-------------------------------------|----------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | Amendment After Allowance | <input type="checkbox"/> | Petition to Extend Time |
| <input type="checkbox"/> | Fee as calculated below | <input type="checkbox"/> | Supplemental Declaration |
| <input checked="" type="checkbox"/> | No Additional Fee Required | <input type="checkbox"/> | Terminal Disclaimer |
| <input type="checkbox"/> | Corrected Drawings | <input type="checkbox"/> | Other _____ |

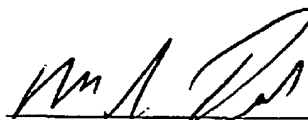
CLAIMS AS AMENDED						
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	ADDITIONAL FEE
Total Claims	28	28		0	X \$50.00	\$0.00
Independent Claims	4	4		0	X \$200.00	\$0.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim					+ \$360.00	\$0.00
EXTENSION FEE	1 st Month \$120 <input type="checkbox"/>	2 nd Month \$450 <input type="checkbox"/>	3 rd Month \$1020 <input type="checkbox"/>	4 th Month \$1590 <input type="checkbox"/>	5 th Month \$2160 <input type="checkbox"/>	\$0.00
<input type="checkbox"/> Reduction by 1/2 for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -						-\$0.00
TOTAL FEE DUE						\$0.00

ATTORNEY DOCKET NO. 19308.0085U1
APPLICATION NO. 10/724,116
99RSS199
Page 2 of 2

Payment:

- ☐ A check in the amount of \$_____ is enclosed.
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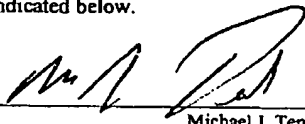
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Michael J. Tempel

Date

10-6-06